

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

1. NAME (Last, first, middle) CONROY, THOMAS WILLIAM		2. DEPARTMENT, COMPONENT AND BRANCH NMPC-036A:DER:id-U.S.N.R.		3. SOCIAL SECURITY NO. (Also, Service Number if available) 314 26 6763	
4. MAILING ADDRESS (Include ZIP Code) 3421 MAPLE DRIVE, HIGHLAND, IN 46322					
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW					
ITEM NO.		CORRECTED TO READ			
		SEPARATION DATE ON DD FORM 214 BEING CORRECTED - 31 MARCH 1982			
12h.		80 JUL 16			
12i.		86 APR 13			
BY DIRECTION OF THE COMMANDER, NAVAL MILITARY PERSONNEL COMMAND:					
6. DATE 14 JUL 82		7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN W. R. SOMMERS Special Assistant <i>W. R. Sommers</i>			

DD FORM 215
1 JUL 79

S/N 0102-LF-000-2150

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

MEMBER - 1